



**FOR CASHIERING USE ONLY**

\$ \_\_\_\_\_ Rec. # \_\_\_\_\_

Breeze ID # \_\_\_\_\_ Postmark Date \_\_\_\_\_

## Armed Forces Personnel Application for Exemption from Payment of Renewal Fees

Mail this form to the address above. Please print or type (Incomplete forms will not be processed).

### LICENSEE INFORMATION

- Section 114.3 of the Business and Professions Code provides an exemption from payment of the renewal fee for BBC licensees while engaged in active duty in the Armed Forces or the California National Guard.
- If you meet the requirements and would like to apply for an exemption from payment of the renewal fee, complete the application below.
- If the BBC license is delinquent, a payment of all accrued renewal fees and delinquent fees must be submitted with the application. If your license is current no fee is required.
- All applicants must submit proof of service. Please submit a copy of your current military orders or a copy of both the front and back of your military Identification card with the application.

#### License Number

Letter(s):

Numbers:

Last 4 digits of your Social Security Number:

Date of Birth:

 -  - 

Month Day Year

Last Name

First Name

Middle Name

Salon Name (if applicable)

If your address has changed do you want the Board to update our records with your current address? ☐ Yes ☐ No

Current Address

City

Phone Number

( )

Email Address (not required)

State

Zip Code

### Important Information

Business and Professions Code section 114.3:

(a) Notwithstanding any other provision of law, every board, as defined in Section 22, within the department shall waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, for any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard if all the following requirements are met:

- (1) The licensee or registrant possessed a current and valid license with the board at the time he or she was called to active duty.
- (2) The renewal requirements are waived only for the period during which the licensee or registrant is on active duty service.
- (3) Written documentation that substantiates the licensee or registrant's active duty service is provided the board.

(b)(1) Except as specified in paragraph (2), the licensee or registrant shall not engage in any activities requiring a license

during the period that the waiver provided by this section are in effect.

- (2) If the licensee or registrant will provide services for which he or she is licensed while on active duty, the board shall convert the license status to military active and no private practice of any type shall be permitted.
- (c) In order to engage in any activities for which he or she is licensed once discharged from active duty, the licensee or registrant shall meet all necessary renewal requirements as determined by the board within six months from the licensee's or registrant's date of discharge from active duty service.
- (d) After a licensee or registrant receives notice of his or her discharge date, the licensee or registrant shall notify the Board of his or her discharge from active duty within 60 days of receiving his or her notice of discharge.

**All applicants are reminded that a licensee who receives an exemption from payment of the renewal fee under Section 114.3 cannot engage in any of the services, for compensation, listed under the licensee's scope of practice in the State of California. At the time of discharge, you will need to notify the Board in writing and request that your license be restored to an 'active' status.**

**MILITARY SERVICE INFORMATION. Please provide all information requested below.**

<b>Indicate which branch of service. (check one box only)</b>	<input type="checkbox"/> United States Armed Forces	<input type="checkbox"/> National Guard
<b>Dates of Service or Training:</b>	From: (mm/dd/yy)	To: (mm/dd/yy)
<b>Expected Date of Discharge:</b>	(mm/dd/yy)	Note: Cannot accept indefinite or N/A

**LICENSEE CERTIFICATION**

*I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate and that I have not changed my address for the purpose of fraud.*

Signature of Applicant	Date
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**THE PORTION BELOW MUST BE COMPLETED BY YOUR MILITARY SUPERIOR OFFICER**

Please indicate if the 'Service Information' is correct.		No	
Yes			
<b>Name (first, middle, last):</b>			
<b>Title:</b>			
<b>Address:</b>			
Telephone: (    ) Fax: (    )			
<b>Signature:</b>			<b>Date:</b>

## INFORMATION COLLECTION, ACCESS AND DISCLOSURE

**\*This statement is for your information.**

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

**AGENCY NAME:**

Board of Barbering and Cosmetology

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:**

Executive Officer

**ADDRESS:**

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

**INTERNET ADDRESS:**

[www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

**TELEPHONE AND FAX NUMBERS:**

(916) 574-7570 phone (916) 575-7281

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:**

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

**CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:**

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:**

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:**

Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law.

**Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure**

**SOCIAL SECURITY NUMBER (SSN) DISCLOSURE:**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c) (2) (C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.